July 2003

CONSULTATION SUMMARY REPORT ADULT PROTECTION AND DECISION MAKING LEGISLATION

Yukon
Health and Social Services

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Introduction

In our society, we recognize, value and celebrate the right of adults to make decisions on all aspects of their lives provided they do not infringe on the rights of others. It is our right to make decisions, regardless of whether they are considered by others to be "good" or "bad."

We often take this right for granted. But what would happen if we were in a car accident that left us in a coma or with brain damage? How would we want to be treated? Whom would we want to make important decisions on our behalf – decisions about our health care, personal care and finances? And if we slowly regained our ability to think, make decisions and care for ourselves, how would we want to be supported?

These are questions that we may think about from time to time, but not many of us have planned for the future.

These questions are not only relevant for people who might find themselves suddenly incapable because of an accident. People with intellectual disabilities, people with mental illnesses, elderly people with dementia, and other people with diseases or neurological conditions that affect intellectual capacity are also affected by these issues. And the circle of concern does not end there – parents, family members, friends, neighbours, caregivers, bank staff and health and social service providers, are all touched by these issues.

Most provinces and territories have laws to guide people in navigating these complex issues. Yukon has some, but not all the pieces in place. That is why the Yukon government consulted Yukon people on the issues that should be addressed in legislation.

In July 2002, a discussion paper and questionnaire called **"Supported and Substitute Decision Making for Adults"** was made available to Yukon people. Many took the time to read this 70-page document and respond to the questions posed in the paper. Sixty-eight survey responses were received, representing more than 100 individuals (some questionnaires were filled out by groups of people and/or represented the response from an entire organization). You can find a profile of the respondents in Appendix A.

In addition to the responses to the questionnaire, meetings were held with approximately 300 individuals, community groups and health and social service providers from May to October 2002. In September and October, meetings were held in Carmacks, Dawson City, Haines Junction, Pelly Crossing, Teslin, Watson Lake and Whitehorse. Written submissions were also received from some groups. A summary of meetings that took place is included in Appendix A.

In addition to the consultation meetings, a Community Reference Group made up of representatives from ten groups met for a total of 30 hours from June to October to examine the issues in some depth. This group provided a wealth of insight and experience. Their dedication and contribution of volunteer hours greatly assisted in the process of working through the complex issues. A listing of the groups that participated in the Community Reference Group is included in Appendix A.

In total, input was received from approximately 400 individuals. People made their views known through the questionnaire, written responses, phone calls and meetings. The input from meetings ranged from in-depth discussion and feedback to briefings with question and answer periods. While the consultation was not exhaustive, it did provide a rich source of information and opinion about the issues.

The overall consultation process was very educational. People brought forward real-life scenarios for discussion. Information about what happens in other jurisdictions was shared. The process of learning was two-way and illustrated the need for ongoing education and information on these issues.

Overall, we heard strong support for this legislation. No one expressed opposition to any part of the legislation. No controversial issues were identified. However, we did hear differing opinions on the details that should go into the legislation. In many cases, the differing opinions reflected the difficulty in balancing the responsibility to protect vulnerable adults from harm with the need to protect the rights of individuals and provide for an accessible and efficient process.

This report summarizes the main points made by individuals and groups during consultations before February 2003. It highlights areas of general agreement. Additional viewpoints are noted where there were differing opinions and/or where only a small number of groups or individuals raised the issue. Since March 2003 many additional consultations took place around specific issues.

What we heard

GENERAL POINTS

- Legislation is needed and long-overdue.
- Make the processes as simple as possible.
- Provide flexibility in the legislation so that self-governing First Nations can exercise responsibility for their Citizens.
- On-going training and education are crucial.

1. Principles

Areas of General Agreement

People generally supported the principles outlined in the consultation booklet. These included:

- Until the contrary is demonstrated, every adult is presumed to be capable of making decisions about their personal care, health care, legal matters and financial affairs.
- An adult's way of communicating with others is not grounds for deciding that he or she is incapable of making decisions.
- All adults are entitled to live in the manner they wish and to accept or refuse support, assistance and protection as long as they do not harm others and they are capable of making decisions about those matters.
- It is important to both encourage and enable individuals to make their own decisions and participate in the decision making process to the fullest extent of their abilities.
- All adults should receive the most effective, but the least restrictive and intrusive form of support, assistance or protection when they are unable to care for themselves or their financial affairs.
- Guardianship is a last resort and should only be ordered when alternatives, such as the provision of support and assistance have been tried or carefully considered.
- The values, beliefs, wishes and cultural norms and traditions that the individual holds should be respected in decision making.

Additional Points

- Need to carefully look at how we translate these principles into practice and how we counter societal biases regarding capability.
- Some thought the third principle should include "harm to self." However, others thought that people have the right to make a decision to accept or refuse treatment if they are capable of making that decision. Refusing treatment can lead to death and people wanted to ensure that decisions made by capable adults are respected (e.g. end-of-life decisions). These individuals thought that the right to passive euthanasia should not be ruled out by the addition of "harm to self." (Seniors; 95% survey respondents)

2. *Advance Planning*

Advance planning tools include Enduring Powers of Attorney (to name an "attorney" to look after your affairs if you become incapable), and advance health care directives or "living wills" (to set out your wishes and/or name a proxy to make health care decisions for you should you become incapable). Right now advance health care directives or living wills are not legally recognized in Yukon law.

93% of survey respondents are in favour of recognition of health care directives in Yukon legislation. 37% specifically stated in written comments that both instructions and a proxy should be included in an advance health care directive.

41% of survey respondents thought that the wishes contained in an advance care directive should always be followed; 29% thought there are times when they should not be followed and 29% were unsure.

One survey respondent wrote, "The intent should always be followed. In some cases, technology or circumstances might differ from the stated directive but be consistent with the intent. On the other hand, the person made their wishes known and that should be respected." This comment reflected other written comments.

Areas of General Agreement

- Need to recognize advance directives so that no one can override a person's wishes unless the capable adult overrides their own instructions.
- If health care instructions are not relevant given the situation, need to be able to turn to a proxy to provide instructions.
- Do Not Resuscitate (DNR) Orders should be treated like advance health care directives, requiring the express consent of the individual or their substitute decision maker.
- Need to make advance directives, including Enduring Powers of Attorney more accessible. Remove requirement for a lawyer, but someone who knows that the person understands what is in the document should witness it (e.g. notary public, Justice of the Peace, nurse, social worker)

- People who are trusted in the community should be trained to assist people to fill out advance directives and Enduring Powers of Attorney.
- Forms and guidelines should be developed to assist people to make clear directives.
- There should be a resource person whom people can phone to get information about advance directives. This person could also travel to communities, help people fill out forms and educate people.
- Need some kind of system so that people know whether a person has an advance health care directive (living will) and where it is kept.
- Develop a wallet card or make a place on a person's health card indicating the existence of an advance health care directive and where it can be found and/or the name and number of the proxy.
- Enduring Powers of Attorney (EPA) should designate an alternate to take over when the attorney is not available (e.g. out of territory on holidays).
- Don't require an attorney (authorized through an EPA) to file annual reports, but provide guidelines and suggestions for how they should carry out their duties, including a financial tracking form.
- People should be able to lodge a complaint against the activities of a proxy or attorney and have it investigated in an effective and efficient manner.
- Health care providers should not be liable for carrying out treatment if they were not aware of the existence or contents of an advance health care directive.
- If there are disagreements about whether the instructions in an advance directive should be followed, a body such as a panel, review board or the Public Guardian or Trustee should decide the validity of the instructions.

Additional Points

- Include recognition of "Ulysses" advance health care directives. (Which authorize consent to treatment even if the incapable adult is refusing consent at the time.)
- Have information and forms available in a central place in each community.
- Make advance health care instructions time limited (i.e. have to be updated periodically).
- Have special booklets available to inform people of all the issues to consider before a seeing lawyer, accountant or financial advisor. Do public education about the issues. "Especially educate financial advisors regarding financial vulnerability of older adults."
- Require all health care directives to name a substitute decision maker who can assist in interpreting the health care instructions.
- Develop a registry of advance directives so that people can have access to the information when needed, on a 24hour basis. (25% of survey respondents thought that there should be a public registry; 24% disagreed and 17% were "unsure".)
- People should not be required to register their advance directives or EPAs. Give people a choice to keep it private. (24% of survey respondents agreed, including those who agreed that health care professionals and in some cases, RCMP and next-of-kin, should have access, but not banks)
- Keep copy of EPA in bank file and Public Trustee to call for clarification if necessary.
- Encourage people to use a variety of approaches to making people aware of their advance care directive:
  - Wallet card or on health care card
  - Sticker on a car like a medical alert
  - Keep in a safe standard place at home (e.g. in a vial in the refrigerator. System is used with Line of Life clients in Whitehorse, VON and Paramedics Association)
  - On file with Whitehorse General Hospital.
  - On file with doctors.
  - On file at health centres.
  - On hospital charts.

- Separate health care directives and financial instructions and file them separately since people involved in the health care decision making don't need to know about the financial, and visa versa.
- Someone should oversee that a health care directive or Enduring Power of Attorney was made without coercion and the person understands what they are signing (i.e. that it is a valid consent). Possible ways that this could be accomplished:
  - Have a requirement that a health care provider sign the document indicating that in his/her opinion the individual understands what he/she is signing.
  - Have a requirement that a JP sign the document indicating that in his/her opinion the individual understands what he/she is signing.
  - Designate other trusted individuals in a community, including FN representatives, who can sign the document indicating that in his/her opinion the individual understands what he/she is signing.
  - Have notaries public sign the document (least effective safeguard unless the Yukon gets a classification of notaries which are para-legal) .
- Ambulance workers should not have to search a person's wallet or home prior to starting emergency treatment.
- Try to ensure that advance directives are recognized across the borders. Particularly relevant to those FNs whose borders cross NWT, BC and Alaska.
- Annual reports by the attorney should go to a public office. (59% of survey respondents agreed with this. However, conditions were attached to the requirement of annual reports. "This should be done on a restricted bases (1) if person has no other supports in his life that would be able to lodge a complaint if something were wrong, then there should be a PTG to oversee; (2) complaints should be investigated by a public office." Others wrote, "Monitoring should be done through guidelines and annual reports and reviews". However, there were also strong opinions expressed about the privacy of the information and that government should stay out of this area.

3. *Incapability Assessments*

Determining whether a person is mentally incapable of making a particular decision or group of decisions is a pivotal issue in substitute decision making legislation. A person's right to make "bad" decisions must be protected. Assessment of incapability considers:

- Does the person demonstrate an understanding of the information?
- Does the person demonstrate an understanding that the information applies to his/her own situation?

Areas of General Agreement

- Need to develop a clear and consistent definition and assessment process of incapability.
- The way in which a person communicates should not be taken as a sign of their capability to make decisions.
- Assessments of incapability should be specific to the type of decision at issue.
- A team approach to assessments is best using the most appropriate people (those with the appropriate skills and those who are know the individual and are trusted by the person). The team could include any combination of physician, nurse, formal involvement of an individual's support networks, home care staff, Occupational Therapist, psychologist, social worker, Community Health Representative, FN resource person, etc.
- Assessments must be culturally appropriate.
- Assessments should be carried out in a person's home environment as much as possible.
- People should be able to have assessments of incapability reviewed.

Additional Points

- Assessments of incapability have to take the person's values and lifestyle into consideration. Assessment should measure the degree of change from the individual's usual ways of behaving, relating, and making decisions.
- A person must be given the right to choose some options regarding the place and manner in which the assessment is carried out.

- The assessment process must include an explicit statement that refusal to undergo an assessment is not necessarily evidence of incapability.
- There should be an automatic review of a decision of incapability by a review panel and provision for appeal of the panel's decision to court.
- The review panel must include community members familiar with the issues related to the matter coming before the review panel.
- There must be critical community involvement in the development of criteria and standards for incapability assessments.

4. Supported Decision Making

Supported decision making refers to a variety of ways that individuals support adults to make decisions. It recognizes the fact that many adults with some mental impairment can make their own decisions if assistance is given to break down and simplify the information in ways the adult can understand.

Some jurisdictions have recognized agreements between two private individuals for provision of support to another in making decisions. Other jurisdictions provide for court-appointed co-decision makers. In both cases, the legal responsibility for the decision rests with the individual receiving the support.

92% of survey respondents agreed that support or assistance in decision making must be tried or carefully considered before the court appoints a guardian. 85% of survey respondents agreed that Yukon should recognize supported decision making agreements.

Areas of General Agreement

- People with mental/intellectual disabilities made it clear that they want to be their own boss. They get support from friends, family and support workers.
- People's rights must be respected.

- Need to use things like direct deposits and automatic bill payments that make it easier for people to do their own banking.
- Need more education and system changes to allow for direct depositing, etc.
- There is a need for more supports for people and more local capacity to provide supports so that people can stay in their own community and be safe, especially outside of Whitehorse.
- Public will require information and training about supported decision making. Training of people acting in the support role should be voluntary. Provision of standard forms with guidance for completion would be helpful.

Additional Points

- "I'm not sure that court appointed co-decision making would be effective. In order to feel comfortable in having someone else help an individual make decisions, there needs to be a relationship of trust. However, this would be preferable to having the right to make a decision taken away completely."
- 52% of survey respondents agreed with court-appointed co-decision making; 24% did not agree and 24% were "unsure". Strong opinions were expressed on all sides of the question.
- Legislation should establish a way for individuals to appoint others to support them in making decisions through agreements.
- Oversight of the formal support arrangements should be complaint-driven. The public should know that a complaint system is available and effective.

5. *Substitute Decsion Making*

Substitute decision making refers a variety of mechanisms to make substitute decisions for a mentally incapable individual outside of court-appointed guardianship. For example, currently the Yukon *Health Act* sets out who should make a treatment decision for a person who is not capable of giving an informed consent. Substitute decision making is most often used for decisions related to health care, personal care and financial matters.

Areas of General Agreement

- 91% of survey respondents agreed that health care workers should have the authority to provide treatment in an emergency without a person's consent.
- The legislation should allow for traditional FN ways of making end of life decisions.
- Need substitute decision making for issues related to personal care (e.g. admission to a care facility).
- Need the ability to have temporary protection of a person's estate by a Public Guardian and Trustee.
- Need to be clear about what level of decisions a guardian or substitute decision maker makes and what decisions caregivers can make about routine health, personal care and financial issues.
- If a person has no family willing to act as the substitute decision maker, the last resort decision maker should be one or more people who know the individual and understand their values and wishes.

Other Viewpoints

- Any authority for health care workers to provide emergency treatment without consent should be based on minimal intrusion and recognition of advance directives.

- The last resort decision maker should be:
  - two health care providers who know the individual
  - the Public Guardian and Trustee, or the PGT can delegate the task to a friend of the person (76% of survey respondents agreed; 8% disagreed; 16% were "unsure")
  - a health care worker and the Public Guardian and Trustee
  - the Public Guardian and Trustee (PGT) with a health care worker being the fall-back if the PGT is not available
  - a panel that includes a wide range of interests to fairly consider an individual's wishes, and if their wishes are not known, their best interests.
- Legislation should state that individuals are entitled to adequate information, and discussion of health care options as a condition of a valid consent.
- Training should be provided to assist substitute decision makers. Mediation should be a first step in dispute resolution if there are disputes among family members.

6. *Guardianship*

The Yukon Supreme Court can appoint one or more legal guardians with the authority to make decisions on behalf of a person who is mentally incapable of making their own decisions. In the Yukon, there is no law to guide the granting of guardianship orders. Guardianship orders can deal with decisions related to finances or personal matters (including legal and health care decisions). In some jurisdictions the term "guardian" is used to refer to the individual who has decision making authority for personal matters, while a "trustee" has decision making authority over financial matters.

Areas of General Agreement

- Guardianship should be a last resort.
- Guardianship orders should be time limited.
- Guardianship orders should specify the areas of decision making the guardian is responsible for.
- Need to be able to individualize the order to the circumstances of the person (i.e. chances of recovery, etc.).
- Guardianship orders should be reviewed by the court periodically.
- Cost of assessments and getting a guardianship order should not be a barrier.
- Need the ability to have guardians who live outside of the Yukon.
- Guardians/trustees need education and training about their role before they decide to take it on.
- Guardians/trustees need ongoing information, guidance and support in carrying out their duties.
- Need to develop guidelines for expenses and payment for guardian/trustee services.
- 88% of survey respondents agreed with screening of potential guardians for suitability and ability to undertake duties of the guardian.
- Need to ensure that someone can cover the guardian's duties when they are unavailable (e.g. on holidays).

- The Public Guardian and Trustee should investigate any complaints about a guardian.
- Need to allow for guardianship orders made before 19th birthday to become effective on 19th birthday for those young adults who are mentally incapable of making their own decisions.

Additional Points

- Guardians/trustees should be screened to see if they are capable of doing the job based on objective standards (e.g. do they have the financial skills, time, understanding of interests of person subject to guardianship order, etc.)
- Guardians/trustees should file an annual report to Public Guardian and Trustee and there should be guidelines outlining what should be contained in the report. Differing opinions from survey respondents: "Require them to do this, but not have to submit it. It's more a personal protection safeguard."; "If it is too complicated, people will not do it. Who is going to do the screening, reviewing, etc. and who will pay for all this?"; "Only if large estates are involved."
- Filing an annual report when the guardian is a parent of an adult child is too onerous and seems too invasive in a family matter.
- Monitoring of guardians should be complaint-based.
- Have a Board or the Public Guardian monitor and assist long-term guardians every 5 years to see how it is working.
- It is better if monitoring of a guardian is done by people outside of the family. Naming a family member as a monitor could lead to a family rift.
- 33 % of survey respondents agreed that another person should be appointed as a monitor to oversee the activities of the guardian. (43% did not agree; 24% were "unsure")
- Case workers should have adequate contact with guardians to pick up any abuse.
- Consider allowing care facilities to be named as financial guardian (trustee) for some individuals as is the case in some other jurisdictions in North America.

7. Public Guardian and Trustee (PGT)

A Public Guardian and Trustee could have a number of functions including:

- Last resort guardian where there is no one else willing or able to be guardian
- Education and support to private guardians and Attorneys named in an Enduring Power of Attorney
- Monitoring of guardians
- Investigation of financial abuse

Right now the Public Administrator in Justice has a role in looking after the estates of deceased persons, but a very limited legislated role to look after the affairs of mentally incompetent people who are still alive.

Areas of General Agreement

- There is a need for a Public Guardian and Trustee office to provide support and education to private guardians.
- PGT should act as a last resort guardian.
- PGT should oversee, screen potential guardians and monitor guardians.
- PGT should investigate financial abuse (89% of survey respondents).
- Legislation should permit the Public Guardian and Trustee to delegate various responsibilities to other agencies, government workers or First Nations.

Additional Points

- The Public Guardian and Trustee should be a body with adequate representation of a truly balanced view.
- The complaints-based system should be available, accessible and effective.

8. *Adult Protection*

Legislation to protect vulnerable adults from abuse, neglect and self-neglect would designate government workers to investigate reports and offer support and assistance. Throughout the consultations many people talked about financial abuse in particular and how difficult it is to do anything about it.

Areas of General Agreement

- Need a law that protects vulnerable people from abuse, neglect, self-neglect (95% of survey respondents).
- The focus of adult protection legislation should be on offering support and assistance and education to the victim and others as appropriate (100% of survey respondents).
- Need education on adult abuse, especially financial abuse.
- Attitudes about people with intellectual disabilities need to change so that there is more community acceptance, support and protection of people with differing abilities.
- Need to define abuse, neglect and self-neglect clearly, especially self-neglect.
- Need to define emergency clearly so you know when you can intervene.
- Assessment is very important.
- Need workers designated to receive reports and investigate reports of abuse, neglect and self-neglect. These workers should be well trained and skilled to do this job and have access to an expert consultant.
- Investigations should involve a team approach and draw on available resources in each community. An itinerant support person should be available to support the team.
- Investigations must be culturally sensitive and may need a FN translator.
- Protocols for the investigation of adult abuse and neglect should be developed with each First Nation in every community.
- For investigation of abuse and neglect, need to develop a protocol with the RCMP and do ongoing orientation and training for new officers.

- Legislation must recognize the person's right to remain at risk if they are capable of making that decision.
- Removing the abuser from the home should be one of the options available to people.
- Need some way to intervene in financial abuse cases. Public Trustee could be effective, but need short time frame for him/her to pay bills immediately while bank account is frozen and investigation proceeding.
- Need public education about abuse and neglect of vulnerable adults plus specialized training for resource people. Training in recognition, intervention and team building is crucial.

Additional Points

- Family group conferencing, mediation or traditional FN circles could be used to deal with some of the abuse and neglect issues.
- Caution should be exercised in deciding whether restorative justice approaches are appropriate – depends on the person, their emotional state, the power dynamics, vulnerability, ability to communicate, ability to understand, and safety risks and the skills of the people running the restorative justice process.
- Some First Nations may want to take on more responsibility for investigating abuse or act as the liaison with the family on a team.
- It would be best to have social workers mandated to investigate abuse, and nurses could provide any physical assessments as per the practice with child abuse.
- Sometimes too much authority is given to certain roles in the community so it would be best if health and social service providers worked within a team re abuse and neglect.
- It would be best if someone not related to the family investigated abuse and neglect.
- For investigations of abuse in FN communities, it would be good to have a FN person travel to communities to respond to complaints, educate and train local resource people. Probably best for a Yukon FN from outside the community to be this resource person.
- There should be mandatory reporting of adult abuse and neglect.
- There should be voluntary reporting of adult abuse and neglect. (Majority view)

- Define emergency as narrowly as possible (high threshold for intervening). Where there is no emergency, a warrant should be required. Intervention should be least intrusive.
- Legislation should detail steps to intervening, from least intrusive to more intrusive.
- All emergency interventions should be automatically reviewed by a panel.
- In the case of self-neglect, the test for intervening should be on the basis of actual physical harm.
- Go to a judge for a warrant of entry rather than a JP because of the complexity of the issues.
- In communities, JPs could be used for a warrant of entry, Emergency Intervention Order or Victim Assistance Order if JP is specialized in the area. Training of JPs is important. Screening of JPs for this work by a committee, rather than appointment by Chief Territorial Judge without input from community would lead to more sensitized JPs and give them more credibility in the communities.
- Outside of Whitehorse, warrants and Emergency Intervention Orders available through the Family Violence Prevention Act aren't used much by RCMP because they have other tools they can use. Not sure how effective these tools would be for adult protection.
- Don't want police involved.
- Adult Protection legislation needs to ensure that the differences between child protection and adult protection are reflected.
- Each community can identify its own resources re abuse and neglect. (i.e. people who are trusted in community rather than a specific "position")
- Legal Aid should be available to represent both the victim and the respondent of a order under adult protection legislation. Family victim workers from FVP unit are only available for spousal and sexual abuse under FVPA.

Appendix A

CONSULTATION MATERIALS AND DISTRIBUTION

"Supported and Substitute Decision Making for Adults – A Public Consultation Discussion Paper" was distributed throughout the Yukon in July and August 2002. Copies were sent to community groups and First Nations and made available at Health and Social Services offices. The document was also available on the Yukon government website. Advertisements were placed in newspapers and on radio.

Responses to the questionnaire were received through completed booklets, e-mail responses via the website, letters and phone calls.

People attending meetings received a presentation of the issues, followed by discussion. Responses from consultation meetings were recorded at the meeting or were received by phone after the meeting.

PROFILE OF PEOPLE WHO PARTICIPATED IN THE CONSULTATIONS

Individuals represented by 68 survey responses	**100**
Individuals who attended meetings in communities outside of Whitehorse	**80**
Individuals in Whitehorse who attended meetings or provided individual comments	**220**
TOTAL (approximate)	**400**

Individual Survey Respondents

Survey respondents were not asked to identify themselves in any way. Nevertheless, some respondents did provide information about themselves. Of the 68 returned questionnaires:

14 respondents identified themselves as residing in smaller communities in the Yukon: Watson Lake, Dawson, Haines Junction, Teslin, Ross River, Mayo, Carcross, Pelly Crossing. This grouping of respondents may overlap with the following two groupings.

19 individuals identified themselves as being seniors, parents of disabled children, private guardians or students at Yukon College.

17 survey respondents identified themselves as professionals: Mental Health workers, Occupational Therapist, Social Worker, RCMP, Ambulance volunteer, Justice staff, Family Violence Prevention workers, Health Director at FN, staff at residential placement services.

The remaining survey respondents did not identify themselves in any way.

People Who Attended Consultation Meetings or Briefings

80 from Carmacks, Dawson City, Haines Junction, Old Crow (video conference), Pelly Crossing, Teslin, and Watson Lake: Interagency committees, seniors groups (e.g. Signpost Seniors), First Nation staff, social workers, community nurses, volunteer ambulance drivers, home care workers, Yukon College students, parents of disabled adults and other individuals.

220 from Whitehorse: Yukon Council on Aging, People First, Bank Manager & staff, Evergreen Society, Yukon government staff (social workers, nurses, etc.), RCMP, Yukon Medical Association, Council of Yukon First Nations, First Nation Health Commission, Health and Social Services Council, Yukon College students, individual seniors, lawyers and other individuals. Second Opinion Society and Kwanlin Dun First Nation provided written comments. (Note that some of the meetings held in Whitehorse included people from other communities, e.g. First Nation Health Commission, CYFN, Regional Social Workers)

Organizations Represented on the Community Reference Group

Yukon Council on Aging
Yukon Medical Association
Yukon Law Society
Fetal Alcohol Syndrome Society of Yukon
Second Opinion Society
Canadian Mental Health Association
Yukon Family Services Association
Yukon Association for Community Living
Yukon Council on Disability
Council of Yukon First Nations (started participating in September)